

NAGE LOCAL R4-78

August 1, 2003

Richard E. Larson
Executive Chairman
CARES Commission

Dear Mr. Larson,

First I would like to thank you for the invitation and the opportunity to address this Commission on behalf of the veterans we serve and my union members.

I fully understand the CARES Initiatives and I am not here today to oppose or endorse the initiative.

In an attempt to understand and comprehend the CARES process I attended the CARES presentation at VISN 5 and attended several meetings at my local facility. I was present when the CARES Commission visited our facility and received information provided on conference calls. Reviewed numerous documents from various sources including the Under Secretary's Qs & As on CARES. In reality we have received a voluminous amount of data on the process.

The one prevailing issue that continues to concern me regarding the process in VISN 5 is the move of 77 domiciliary beds from the Martinsburg facility to the Washington DC facility. To be honest I am perplexed over the reasoning of this initiative. In an effort to better explain my concerns I will address as follows.

1. In the VISN presentation I listened as we were informed that one part of the initiative is to move 77 domiciliary beds from Martinsburg to DC basically because Washington's patients are coming here due to the unavailability of beds in DC. Questions I asked i.e. where are these beds coming from; what will happen to the staff that at this time is associated with the 77 beds; will funds for additional staff be allocated in connection with the additional 77 beds at DC. Answers were; beds from mixed programs, staff to be retrained with new skills, not sure about allocation of funds for additional staff.
2. Then I attend the CARES visit by the Commission. Shortly after I joined the team on their visit there was a feeling that the 77 beds were coming from just one program. During the exit interview there seemed to be similar remarks made that indicated indeed they were coming from one source.
3. Next meeting was a follow-up of the CARES visit. At that meeting I asked questions regarding the source of the beds and issues surrounding the staff. At that meeting I was told the staff would be lost through attrition, that alone concerns my union. You can't just lose up to 13 staff through attrition over night. What will happen to those staff in the meantime? Further, there is attrition by choice of retirement and then there is attrition through making an employee so unhappy they leave on their own. What affect will this atmosphere have on patient care? Regarding the beds, I still did not have a clear understanding of where the beds were coming from.
4. Then we are told in each briefing and in written form that 29,000 net square feet of vacated domiciliary space will be renovated into administrative space. One would think then that the space would logically come from one area, not from mixed areas. Please note there has been no mention of realigning domiciliary beds at Martinsburg in an effort to clear out 29,000 net square feet in one area.
5. In one of the last meeting at Martinsburg, our Associate Director stated the patients in the 77 beds in the 200 row will be moved to the Soldiers Home in Washington DC. Is this not displacing veterans that possibly have a stable environment?

In summary the point I am trying to make is there have been various scenarios given as to where, how and what effect the posposal of moving 77 beds from Martinsburg will have on patients and employees. Intelligent reasoning should lead one to realize that changes made without a full detailed plan is destined to create unnecessary problems. And quite possibly fail. Thus having a tremendous impact on employees and disrupting patient care and vise versa.

NAGE respectfully ask that the Commission attempt to clarify this proposal in an effort for all the stakeholders to understand the full impact. Lastly, we ask that if and when the CARES Initiatives are approved you make it part of your recommendation that an Oversight/Advisory Board be appointed with the membership being a diverse group of stakeholders to oversee and ensure that the proposals that are approved are indeed followed through with. This would serve a dual role of ensuring the employees, veteran's organizations and the American people their tax dollars are being used efficiency. Further, it would provide the Secretary with a means of accountability, while ensuring fiduciary responsibility and quality management of the CARES Initiatives from the beginning of implementation to the conclusion of the process.

Sincerely

Susan F. Anderson
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